

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470 email: ethics@hawaiiethics.org

email: ethics@hawaiiethics.org
Web site: www.hawaii.gov/ethics

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LOBBYIST REGISTRATION FORM STATE OF HAWAII

(Type or Print Clearly) PART I LOBBYIST NAME (Last) (First) (Middle) **TELEPHONE** Radcliffe Henry (808) 531-4551 John MAILING ADDRESS (Street) FAX (808) 533-4601 222 South Vineyard Street, Suite 401 **EMAIL** hawaiilobbyist@aol.com (City) (State) (Zip Code) Honolulu HI 96813-2453 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **TELEPHONE** Capitol Consultants of Hawaii, LLP. (808) 531-4551 MAILING ADDRESS (Street) FAX (808) 533-4601 222 South Vineyard Street, Suite 401 **EMAIL** hawaiilobbyist@aol.com (City) (Zip Code) (State) 96813 Honolulu HI

PART II ORGANIZATIO	N	
NAME OF ORGANIZATION YOU	TELEPHONE	
Altres	(808) 591-4900 FAX	
MAILING ADDRESS (Street)		
967 Kapiolani Boulevard	EMAIL Barron.Guss@altres.com	
(City)	(State)	(Zip Code)
Honolulu	н	96814
NAME OF PERSON RESPONSIBLE	TELEPHONE	
Melody Butay Dacanay	(808) 531-4551	
MAILING ADDRESS (Street)	FAX (808) 533-4601	
222 South Vineyard Stre	EMAIL mbutay@aol.com	
(City)	(State)	(Zip Code)
Honolulu	HI	96813

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
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Agriculture	Education	Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	 Intergovernmental Relations, International Affairs 	Tourism & Recreation		
Consumer Protection & Commerce	☐ Hawaiian Affairs	✓ Labor & Employment	☐ Transportation		
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	☐ Public Safety & Corrections			
PART IV CERTIFICATION	ON OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
The Had of the			1/15/12		
(Signature of Lobbyst)			(Date)		
PART V AUTHORIZATION TO LOBBY					
NAME	TITLE OF AUTHORIZING OFFICE		ER OR PERSON REPRESENTED		
Barron Guss	Chief Executive Officer				
NAME OF ORGANIZATION (if applicable)			TELEPHONE		
Altres			(808) 591-4900		
MAILING ADDRESS (Street)			FAX		
967 Kapiolani Boulevard			EMAIL Barron.Guss@altres.com		
(City)	(State)		(Zip Code)		
Honolulu	н		96814		
I hereby authorize the	e above - named person to er	ngage in lobbying activities or	n behalf of the undersigned		
A			19/13		
(Signature of	Authorizing Officer or Person Repre	sented)	(Date)		

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